

# LAKE HOLCOMBE TOWN HALL RENTAL APPLICATION

## Town Hall Rental Fees:

\$50 per half day plus \$100 deposit

\$100 per day plus \$200 deposit

\$150 for weddings plus \$300 deposit

NO RENTAL CHARGE for Funeral Dinners and Non-Profit Organizations who are residents of the Town of Lake Holcombe.

*Fees and deposit must be paid in full before the scheduled event. Please write one check for the deposit and one for the fee. The deposit check will be returned after the event if all the requirements are met on the attached check list. Please make checks payable to "Town of Lake Holcombe" and mail the checks with the below application to:*

Dee Dee Shackleton  
26211 275<sup>th</sup> St  
Holcombe, WI 54745

**PLEASE NOTE THE TOWN OF LAKE HOLCOMBE IS NOT RESPONSIBLE FOR ANY** bodily injury, property damage, or disablement which may incur OR to cover bodily injury or property damage caused by a third party during this event at the Town Hall. If damages are done the renter takes full responsibility for the cost to repair above and beyond the deposit fee.

NO SALES of Beer, Liquor or Tobacco are allowed. If you are serving alcohol for a PUBLIC event, then you need to obtain a temporary license from the clerk and have a licensed bartender through the Town of Lake Holcombe. Please contact the clerk for more information 715-595-6586

The Lake Holcombe Town Board reserves the right to refuse rental to any group/person as it feels needed. Someone will contact you once the application has been reviewed. Thank you!

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MY SIGNATURE BELOW INDICATES THAT I HAVE READ THE APPLICATION AND THE REQUIREMENTS/CHECKLIST THAT NEED TO BE MET, UNDERSTAND IT COMPLETELY, AND AGREE TO BE BOUND BY ITS TERMS.

RENTER'S NAME/S (Must be over the age of 18): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

PURPOSE OF EVENT BEING HELD: \_\_\_\_\_

DATE OF EVENT: \_\_\_\_\_

PRIVATE PARTY: YES OR NO

TIME OF ARRIVAL AND DEPARTURE: \_\_\_\_\_

(THE TIME WILL ENSURE THAT THE HALL WILL BE UNLOCKED PRIOR TO YOUR ARRIVAL)

SIGNATURE/S \_\_\_\_\_ DATE SIGNED: \_\_\_\_\_